



Delivering Excellence Everyday

**DEPARTMENT OF SOLID WASTE MANAGEMENT
ADDITIONAL EZ GO WASTE CART REQUEST FORM
FOR RESIDENTIAL USE ONLY**

(To be completed by the property owner only)

Request Date: _____

Property Owner: _____

Property Address: _____

Apt # _____ City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alternate Telephone #: _____

Fax: _____ E-mail: _____

I hereby authorize the Department of Solid Waste Management to deliver _____ additional EZ Go Waste Cart/s to the above address and bill me at the **non-refundable** rate of **\$50.00** per cart.

Please mark [X] to indicate the cart size requested:

[] 96-Gallon (Standard size)

[] 64-Gallon

[] 35-Gallon

Property Owner's Signature

Date

Fax the completed EZ Go Waste Cart Request Form to **305-514-6219** or mail to Miami-Dade County Department of Solid Waste Management, **2525 N.W 62nd Street, 5th Floor, Miami, Florida 33147**, attention **Service Development Division**.

DO NOT send payment at this time. You will be billed once the additional cart is delivered.

For Garbage Division Use Only:

Date Received: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

Serial #: _____ Size: _____ Date Delivered: _____ Initials: _____

For Service Development Division Use Only:

Date Received: _____

☐ Sent to Garbage Division

Date: _____

Initials: _____

☐ Closed In the Master List

Date: _____

Initials: _____

☐ Sent To Accounting

Date: _____

Initials: _____

☐ Closed in the WCS

Date: _____

Initials: _____

Received By: _____

Date: _____

2525 NW 62nd Street, 5th Floor, Miami, FL 33147, Ph. # 305-594-1500, Fax # 305-514-6219

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